

**EXPLANATION OF INFORMATION ON  
FORM DPA 194-M-1, REMITTANCE ADVICE**

Included with this appendix is an example of a Form DPA 194-M-1, Remittance Advice. The numbers next to data elements and letters next to section headings correspond to the paragraphs below.

The following entries appear on each page of the Remittance Advice:

1. Provider Number - This is the provider number exactly as it appears on the Provider Information Sheet.
2. Type - This DPA code identifies the type of provider for whom the Remittance Advice is written. Physicians are provider type 10.
3. Date - This is the date the Remittance Advice is written.
4. Page - Each page is sequentially numbered.

The Remittance Advice reports the status of invoices and adjustments. Detail lines are grouped by type of action. Within each heading, documents will be listed according to the Document Control Number (DCN) assigned by the Department. A heading indicating the type of action is printed in the center of the page preceding the detail lines. The four types of action appear in the following order:

- A. Adjudicated Invoices - Previously Suspended  
Claims in this group were reported on an earlier Remittance Advice as suspended. Adjudication of invoices reported under this heading has been completed and the final status code will appear for each Service Section.
- B. Adjudicated Invoices  
Claims in this group have been completely processed and are being reported for the first time. The Department adjudicates each Service Section individually and this section may include the following types of invoices:
  - 1) Invoices on which all Service Sections are being paid.
  - 2) Invoices on which all Service Sections have been rejected.
  - 3) Invoices containing a mixture of paid, reduced, and/or rejected Service Sections.
- C. Suspended Invoices  
Claims in this group are being reviewed by the Department. An entire invoice will be suspended when an error occurs in any Service Section.
- D. Adjustments  
The final group includes any adjustments processed.

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All information reported under headings A. (Adjudicated Invoices-Previously Suspended), B. (Adjudicated Invoices) and C. (Suspended Invoices) will appear in a similar format. This information will begin with a line identifying the invoice being reported. This line will consist of the following two entries:

5. Document Control Number - This unique number is assigned by the Department to each invoice when it enters the payment processing system.
6. Provider Reference - The provider reference (up to 10 characters), is shown if the provider entered one on the invoice.

For each completed Service Section, the following information will appear:

### Second Line

7. Recipient Name - This entry identifies the client to whom the billed services were provided.
8. Recipient Number - This entry indicates the unique nine digit number of the client.

### Third Line

9. Service Section Number - This entry identifies the Service Section being reported from the claim. Deleted sections will not appear.
10. TPL Pointer - In certain situations when the Department determines that a particular client has third party coverage, an indicator will be printed in the second column for the appropriate Service Section. This pointer consists of the letters TPL and a number. This number refers to Third Party Liability information which follows the last Service Section for the invoice. (Refer to Items 19 through 24 of this Appendix.)
11. Category of Service - This entry indicates the category of service for the service line. The category of service code for physicians is 01.
12. Date of Service - This entry is the date of service for the procedure reflected in the particular Service Section.
13. Item or Service - This entry is the procedure code as entered on the invoice.
14. Amount Billed - This entry is the Provider Charge from the original invoice.
15. Amount Allowed - This entry is the exact amount of payment allowed by the Department. If the provider entered a TPL amount on the invoice, that amount was deducted by the Department when computing the allowed amount.

16. Status - This entry explains the action taken on the service section, using one of the following codes:

PD - paid as billed.

RD - paid at a reduced rate to conform with Department standards.

RJ - rejected - no payment.

SS - suspended - action pending.

When an error code and message are appropriate, the next line will report the following:

17. Error Code - The Remittance Advice will report error codes to provide further information regarding the status of a claim or service. A three character code, one alphabetical (identifying the type of error, such as client eligibility) and two numerical (identifying the particular error within that type), will appear to indicate the specific error which caused the action taken by the Department.

When the "Status" entry is either RD or RJ, an error code will always appear to identify the reason the service was reduced or rejected. When the "Status" entry is SS, an error code will only appear associated with the particular Service Section(s) which caused the entire invoice to be placed in suspense. It is possible for an error code to appear when the "Status" entry is PD; however, the code will always be an "F" series informational code.

Whenever an error or correction is made which relates to the entire document, the error message and associated error code will appear on the same line as the DCN. Examples of this type of error would be Provider Number has been corrected or Missing Provider Signature. All other error messages appear directly below the Service Section to which they apply.

A brief statement or message will always precede the error code and will specify the reason for the reduction, rejection, or suspension. Whenever an error code appears on the Remittance Advice, the provider should always take note of the message to prevent repetition of the error on future billings.

For more detail concerning each error code and related message, an explanation of the reason for the error and the procedure for correction, refer to Appendix A-10.

### THIRD PARTY LIABILITY

This section of the Remittance Advice identifies the Third Party resource which is believed to cover all or a portion of the service as indicated by the TPL Pointer (Item 10). Information appearing in this section is intended as an aid to the provider when billing the third party.

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TPL Informational Headers will be computer printed to correspond with the following items:

18. No. - This is the number corresponding to the TPL Pointer entry for the various service lines. In a few situations, different third party resources may be applicable to separate Service Sections appearing on a single invoice. In these cases, the TPL Pointer should be used to determine which services are to be billed to which third party.
19. Source - This entry identifies the coverage (first character) and company code (second through fourth positions). General Appendix 9 contains a list of coverage and company codes.
20. Insuring Organization - If coverage is provided to the client through employment or another group, the name of that organization will appear.
21. Insurance Co. Name - The name corresponding to the TPL Source will appear here.
22. Billing Address - This is the address to which the third party billing should be sent.
23. Policyholder - The policyholder may be the client or someone else, e.g., parent or spouse.
24. Group No/Cert No - If the Department has a group number or policy certificate number for the coverage, it will be displayed beneath the policyholder's name.

The final type of action which may be reported on the Remittance Advice concerns Adjustments (heading D). The following information will be shown for each Adjustment reported and will begin with entries under the following headings:

25. Document Control Number - This is the unique number assigned by the Department to the specific Form DPA 2292, Adjustment (NIPS), at the time of processing.
26. Provider Reference - This number will be the reference number, if any, which was entered by the provider on the adjustment form.

#### Second Line

27. Recipient Name - This entry identifies the client for whom the adjustment is being processed. Please note that in the situation where the adjustment is for more than one unique service that a "Processing Name" (i.e., MASS ADJUSTMENT) will be used.
28. Recipient Number - This entry indicates the unique nine digit number of the client.

#### Third Line

29. Date of Service - The date associated with the original paid service. In the situation where the adjustment is for more than one unique service a "Processing Date", not associated with any particular service, will be used.

30. Process Type - The coding which specifies how an adjustment was processed by the Department. (Process types are listed in Appendix A-11.)
31. Amount Approved - The amount of money to be paid on a debit or to be reported for a personal check or returned warrant.  
  
If the status code for the adjustment is PS (Posted), this field will contain the total amount of the credit to be recovered from future payments.  
  
If the status code for the adjustment is CR (Credited), this field will contain the cumulative amount collected, to include the amount recovered in this voucher, toward the credit amount due.
32. Amount Processed - The amount of money to be paid on a debit; or to be reported for a personal check or returned warrant; or the amount recovered against payments made on the voucher.
33. Status - This field explains the action taken on the particular adjustment:  
  
DB - Debit paid as shown.  
CR - Credit application made against payment on the voucher.  
PS - Credit was posted against future payments. No application made on this voucher.  
RT - A personal check or returned warrant was processed for the amount shown.
34. Summary - A summary of the invoices and adjustments reported on this Remittance Advice will be printed for the provider. Reading from top to bottom, the summary lines appear as follows:  
  
TOTAL BILLED - The total for all charges associated with services adjudicated (either paid or rejected) or suspended in this voucher.  
  
TOTAL REJECTED - The total amount of charges for all rejected services reported in this voucher.  
  
AMOUNT REDUCED - The total amount of reductions made from charges on paid services in this voucher.  
  
AMOUNT SUSPENDED - The total amount of charges associated with all services reported as SUSPENDED in this voucher.  
  
TOTAL TPL - The total amount of third party payments reported on services paid in this voucher.

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TOTAL CREDITS - The total of all credit applications made against payments in this voucher.

TOTAL DEBITS - The total of all debits processed in this voucher.

AMOUNT PAYABLE - The sum of the Total Allowed for each service paid in the voucher plus TOTAL DEBITS.

RETURNED CHECK - The sum of all adjustments which report on either personal checks or returned warrants which were processed in this voucher.

When there is only one provider per voucher, then only a PROVIDER SUMMARY will be printed. Where there are multiple providers in a voucher, there will be a PROVIDER SUMMARY for each provider and a PAYEE SUMMARY at the end of the voucher to summarize the activity of all providers reported within the voucher.

35. Voucher Number - This entry is the unique number assigned to the Remittance Advice. It consists of a four digit Julian Date followed by a four-position sequence number whose first character is either a numeric value or an alpha character. The voucher number must be identified on any correspondence to the Department about data on the Remittance Advice. This unique number appears on each page of the Remittance Advice.
36. Provider Mailing Address - The address is the pay-to address specified on the provider's current Provider Information Sheet. The sixteen digit number above the payee name is a control number used by the Comptroller. This entry is completed on each page of the Remittance Advice.
37. Remittance Total - When the Remittance Advice consists of multiple pages, this entry appears only on the final page. The amount entered is the amount of the warrant (check) which accompanies the Remittance Advice. It equals the AMOUNT PAYABLE minus TOTAL CREDITS in the PROVIDER SUMMARY or where applicable, the PAYEE SUMMARY.